PRINTED: 12/08/2021 FORM APPROVED

Division of Health Care Facilities

TN1939  B. WING COMPROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE ZIP CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRIEFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  N 000 Initial Comments  An investigation of complaint TN00055828 was conducted on 127/7/2021 to 12/8/2021 at Creekside Center for Rehabilitation and Healing. No health deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	NTIFICATION NUMBER: A, BUILDING:				
NAME OF PROVIDER OR SUPPLIER  CREEKSIDE CENTER FOR REHABILITATION A  306 W DUE WEST AVENUE MADISON, TN 37115  SAMAMAY STATEMENT OF DEFICIENCES PRETK REGULATORY OR LSC IDENTIFYING INFORMATION)  N 000  Initial Comments  An investigation of complaint TN00055828 was conducted on 12/7/2021 to 12/8/2021 at Creekside Center for Rehabilitation and Healing. No health deficiencies were cited under Chapter 1200-8-9, Standards for Nursing Homes.			TN1939					
CREEKSIDE CENTER FOR REHABILITATION A  306 W DUE WEST AVENUE MADISON, TN 37115  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG  REGULATION OR LSC IDENTIFYING INFORMATION)  N 000  Initial Comments  An investigation of complaint TN00055828 was conducted on 12/7/2021 to 12/8/2021 at Creekside Center for Rehabilitation and Healing. No health deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.						1 27	12/00/2021	
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PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  N 000  Initial Comments conducted on 12/7/2021 to 12/8/2021 at Creekside Center for Rehabilitation and Healing. No health deficiencies were cited under Chapter 1200-8-8. Standards for Nursing Homes.	CREEKS	IDE CENTER FOR RE	-HARII II ALION A					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE